

Work Order ID 91799

October-18-12 1:57:52 PM

91799

Page 1

Item ID: 647.1711

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Plate

Start Date: 18/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-10-18 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

647.1700

N/C

110

0.00

110

Waterjet

FLOW CNC Waterjet

7075 .160"

Memo

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

0.00

12

0

Jm 12-12-4

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

12

0

Jm 12-12-4

18/158

647.1710

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

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Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00				12			
140 *140* Brake NC Brake NC	Form as per dwg Memo	0.00 0.00				12			8/13/01/18
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00				12			PTO

170 -

190
Spring

125243

received

12x

12

80
13-4-9
J.P. 1/1/12
13-05-6

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data		160		Outsource process - Anodize							
Equip/Tooling		170		Issue p/b: Packaging Receive							
Operator		180		Qc 5							
Material		190		Spagy faint pending							
Setup		200		Qc 14 → 5/13/05/13							
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page 3

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Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160 210

160

Packaging

Identify as per dwg & Stock Location: 85543 0.00

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

bx

13-5-13

170 220

170

QC

Quality Control

QC21- Final Inspection - Work Order Release 0.00

Memo

0.00

13/5/13

13-5-13

160

ISSUE PO FOR AVOIDING
WILL ATG.
PO 19280

13-03-7

[Signature]

1325243

[Signature]

[Signature]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

October-18-12 1:57:56 PM

Page 1

Work Order ID: 91799

91799

Parent Item: 647.1711

647 1711

Parent Item Name: Plate

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.05 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M7075T6S.160

Purchased

No

110

sf

0.0000

1.096

13.8421

M7075T6S-160

**

14.0

Jm 12-12-4

7075-T6 Sheet .160

123644

123644

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
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Supplier <input type="checkbox"/>												
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Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 02937		SHEET 1 OF 1	
DWG NO. 647.1700	REV: NC	PREPARED BY J. JACKSON	DATE: 07/14/10
DWG TITLE: SKID DEFLECTOR ASSY		EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: CURRENT ORDER
REASON: REVISED F/N 8 AND NOTE 3. ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.			

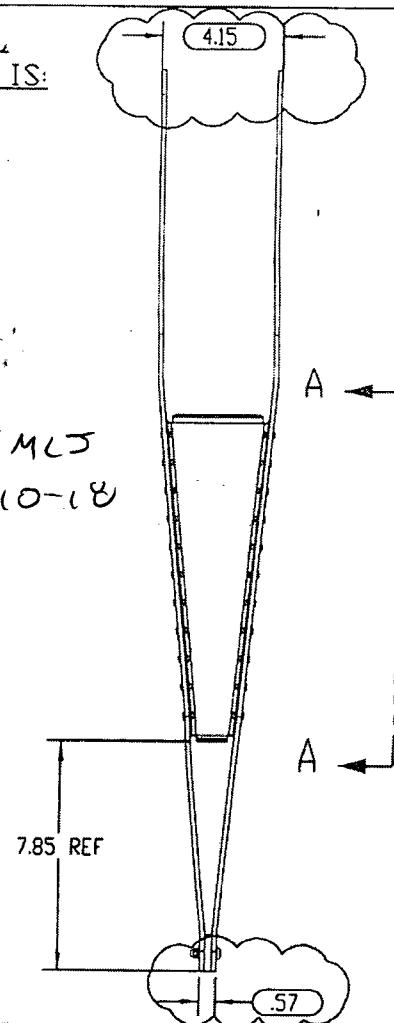
TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

SHEET 1, ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;
PRIME IAW MIL-P-23377J TYPE I CLASS N

SHEET 2,
ZONE A1 IS:

CHOP COPY
RETURNED
ENGINEER
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 91799 MJS
12-10-18



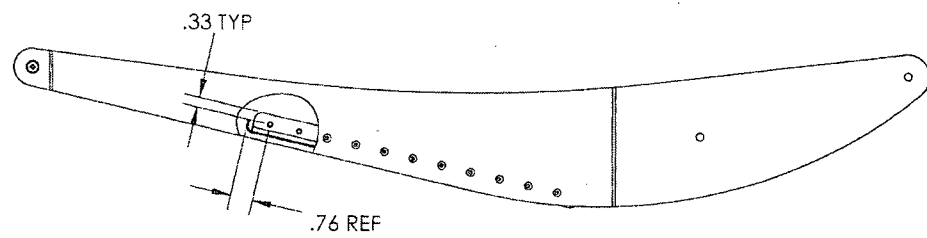
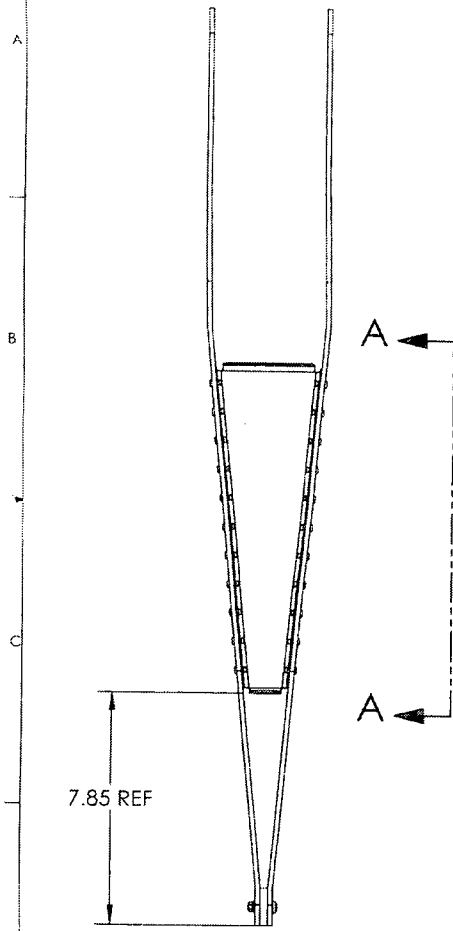
8	R	601.1622	1	SCREW	MS27039-1-14 /
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> FMS <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
DER REVIEW REQUIRED					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	1	8	601.2637	SCREW	MS2703-11-13				
	1	7	601.2943	LOCKNUT	MS2102-3				
	2	6	601.1607	WASHER	MS1414P0332P				
	22	5	601.1915	RIVET	C63213-4				
	1	4	647.1713	SPACER					
	1	3	647.1712	GUSSET					
	1	2	647.1711	PLATE					
	1	1	647.1710	PLATE					
			647.1701	SKID DEFLECTOR ASSY					
			FIND #	PART #	DESCRIPTION	MATL	SPEC.		
QTY									
NEXT ASSY (S)									
647.1300									
<div style="display: flex; justify-content: space-between;"> <div> <p>ORIGINAL DATE DUPLICATE 1 - CARRIER 1 - DEPT 1 - BUREAU 1 - DIVISION 1 - OFFICE</p> <p>REASON FOR APPROVAL (EXPLAIN)</p> <p>REMARKS</p> </div> <div> <p>APPROVED (Signature)</p> <p>DATE</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> <p>UNITED STATES AIR FORCE 1000 HIGGINS AVE WHEELING, MD 21151 3 PLACES ORIGINALS 2 COPIES</p> </div> <div> <p>200B TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760)724-5300</p> </div> </div>									
SKID DEFLECTOR ASSY									
<div style="display: flex; justify-content: space-between;"> <div> <p>2/E</p> <p>SCALE NONE</p> </div> <div> <p>1/E</p> <p>1/27/86</p> </div> <div> <p>DWG NO</p> <p>647.1700</p> </div> <div> <p>REV</p> <p>N/C</p> </div> </div>									
SHEET 1 OF 1									

91799

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REV	DESCRIPTION	DATE	APPROVED

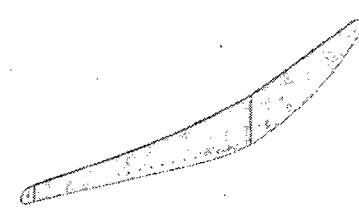
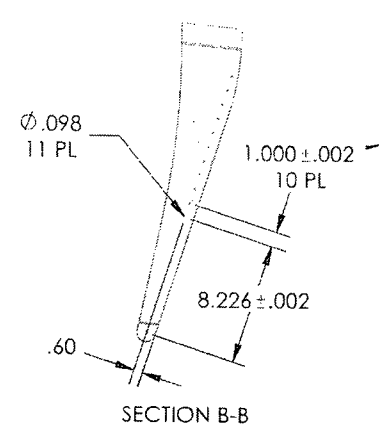
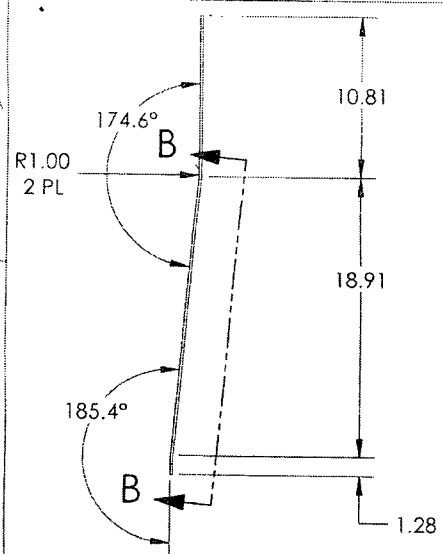


SECTION A-A

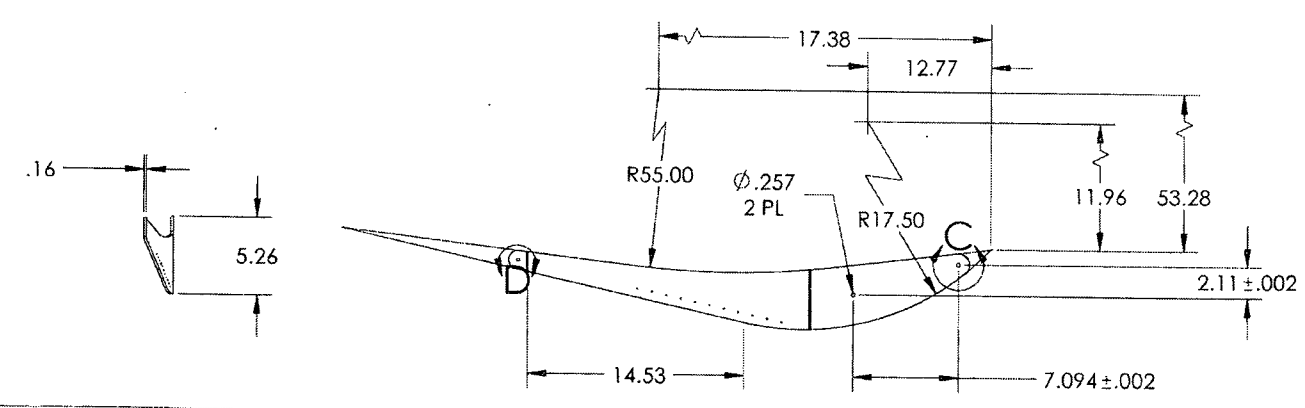
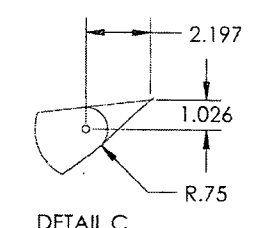
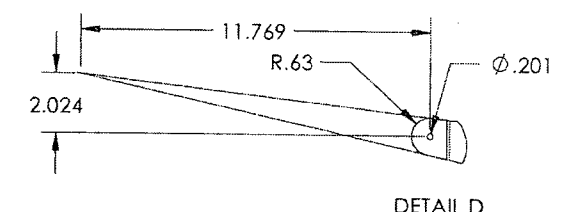
ORIGINAL DATE: 12/25/04 DRAWN BY: P. BRAVO CHECKED BY: P. BRAVO QUANTITY: APPROVAL CONTRACT NO:		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ±.001 ANGLES ±.5°		REV: B IGAH CODE: 07412	DWG. NO: 647.1700 SCALE: NONE
		REV: N/C	SHEET 2 OF 5

91799

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647.1711 SHOWN
647.1710 OPPOSITE

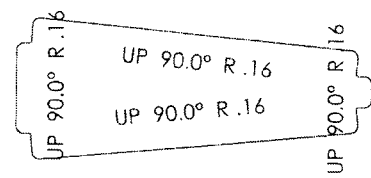
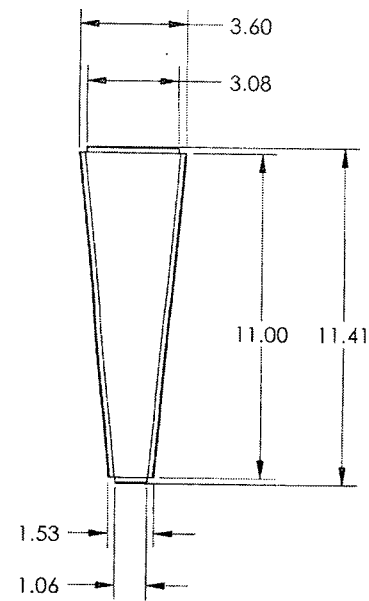


APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
SKID DEFLECTOR ASSY	
PROJECT DATE: _____ DRAWN BY: J. GARDNER CHECKED BY: P. BRAVO APPROVED BY: P. BRAVO CONTRACT NO: _____	SIZE: 8 CAGE CODE: 07M26 DWG. NO: 647.1700 REV: N/C SCALE: NONE SHEET: 3 OF 5

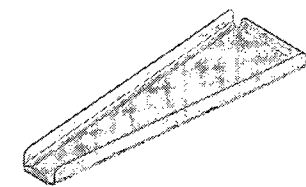
91799

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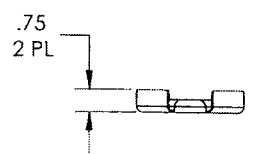
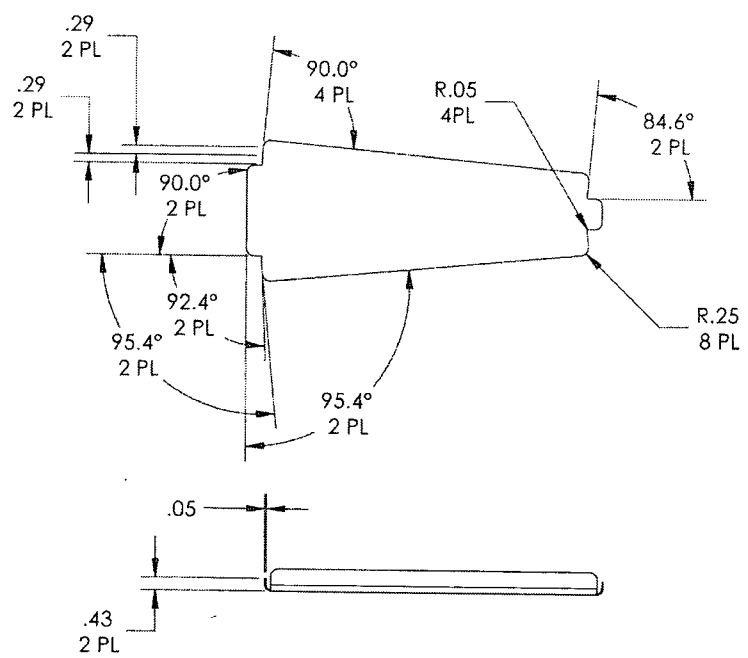
REV.	DESCRIPTION	DATE	APPROVED



FLAT PATTERN



647.1712

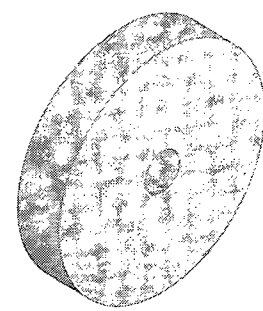
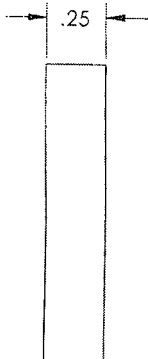


ORIGINAL DATE DESIGNED BY DRAWN BY CHECKED BY APPROVED BY	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
SKID DEFLECTOR ASSY	SCALE: NONE
DIMENSIONS SPECIFIED UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE 2 PLACE DECIMALS + .01 3 PLACE DECIMALS + .005 ANGLES IN DEGREES	SHEET 4 OF 5

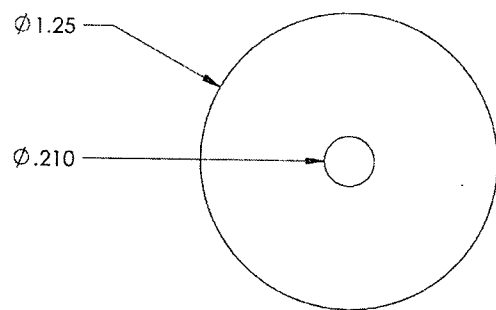
91799

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REV	DESCRIPTION	DATE	APPROVED BY



647.1713



DATE: 01/04/01 DRAWN BY: J. GARDNER CHECKED BY: P. BRAY DRAWING APPROVAL BY: P. BRAY CONTRACT NO.:		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ±.01 ANGLES ±.5°		SIZE: B CAGE CODE: 07M26 SCALE: NONE	QTY: 1700 647.1700 SHEET 5 OF 5
SKID DEFLECTOR ASSY		REV: N/C	DATE: 01/04/01



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62300

Date: 08-Apr-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 24 PCS 647.1711 15 PCS 647.1712 31 PCS 647.1910 8 PCS 647.1911 5 PCS 647.7911 12 PCS 647.1710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130197	Rev: PO: 19280 Line:
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>8/9/13</u></p> <p>CERTIFIED SIGNATURE: <u><i>ju</i></u></p> <p>RECEIVER SIGNATURE: _____</p>		